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CLINICAL MEDICINE:

AN ADDRESS TO THE STUDENTS ON THE OPENING OF THE CLINICAL COURSE AT BAHIA,
MARCH 16, 1867.

By Dr. A. J. de FARIA, Professor, &c.

[Translated for the Boston Medical and Surgical Journal from the Portuguese, in the *Gazeta Medica da Bahia*,* by E. R. CORTINO, M.D., of Roxbury, Mass.]

GENTLEMEN,—Not long ago, a distinguished Professor at Strasbourg, Dr. Schutzenberger, began his course of clinical medicine in the following words:—"L'observation est la base de la médecine; toute œuvre pratique commence par l'observation du malade; parceque avant de songer aux remèdes, il faut connaître et déterminer le mal."

These words, repeated so often as to seem at first sight a mere commonplace in science, propound a gospel truth before which every conscientious spirit bends; and contain a dogma in practical medicine which ought to serve as a common bond for all those who aspire to clinical instruction.

Observation is the first condition of all positive progress; this is the great truth, which, as a sacred pledge, a traditional law, I come here to transmit to you to-day, the earnest of your clinical labors, anxiously desiring to infuse it into your thoughts, to photograph it upon your minds; for it, rather than I, must be your guide, your compass, in the difficult course you have to pursue—a course so difficult and trackless that the old and experienced often wander therefrom.

I open at the first page a golden work written by an honored master, the Clinical Lectures of Dr. Graves, a work much and often consulted by the illustrious Professor Trousseau, himself one of the chiefs of contemporaneous medicine, and, as he confesses, kept ever before him for constant inspiration, as it were his *Bible of practical medicine*; I open this precious work, and read upon its first page as follows:—

"You come here, gentlemen, to convert theoretical into practical

* This Address, translated primarily for a local Club, is communicated for the Boston Medical and Surgical Journal, in the belief that the profession here will be glad to know what their brethren in Brazil are doing, as well as the principles which guide their studies and practice.

knowledge; to observe the symptoms of diseases previously known to you only through the medium of books or lectures; to learn the art of recognizing these symptoms, and of appreciating their relative importance and value; to study their connection with morbid alterations of internal organs; and, finally, to become acquainted with the best method of relieving your patients, by the application of appropriate remedies."

These few words contain the whole essence of clinical instruction, and embrace your whole duties as clinical students.

For me, your teacher, there is an imperative duty, which I cannot escape—involving the dignity of my chair—a duty implied in the promise to guide you in the difficult work of the hospitals, of studying with you at the bedside of suffering the methods of examining the sick, of demonstrating to you practically the best way to obtain data necessary for forming diagnosis and prognosis, and thence the deduction of therapeutic indications. We must study together the vast and complicated organism which suffers, and learn to make out a true conception of the cause, seat and nature of the evil; and then accompanying the disease in its perturbed march, even to its termination, learn to form our judgment—to arrive at conclusions, in part fixed and certain, in part probable and approximate. For this clinical study science of to-day offers a greater number of aids, and more perfect, than was ever granted to our predecessors—as we witness in the pleximeter, the stethoscope, the ophthalmoscope, the laryngoscope, the microscope, and many others.

But barren and useless will be our work, and inglorious our mission, if, limited to a mere knowledge of the malady, this costly acquisition attains not the holy, noble, and humanitarian end of applying a remedy to the evil, of alleviating the unhappy patient in the pains of his malady, of neutralizing the germs of the disease, or of arresting it in its destructive course.

I would plead in favor of therapeutics, the gigantic work of so many ages, still incomplete; and I invoke for its perfection the incessant labor of all workers in science for the cause of humanity.

By this rapid sketch of clinical education you can judge what labor we have to surmount, what difficulties we have to struggle with; and more than this, what scientific acquisitions, gained in studying the different branches of medicine, the novice has need of to become habituated in the practical study of diseases. I agree, however, with M. Amédée Latour, that to become a medical practitioner it is not necessary to be a histologist like M. Robin, a physiologist like M. Bernard, a physicist like M. Gavarret, a chemist like M. Wurtz, and a pharmacien like M. Regnault, learned and eminent men in their several specialties; since all these departments of science united will not make a practical physician, inasmuch as clinical study cannot be dispensed with. In it alone are the essential elements of medical progress in observation and analysis.

I do not speak thus because I fear that you will be enticed aside in preparatory departments from the practical study of diseases, but because as an older navigator on a tempestuous and dangerous sea, I ought to point out to you the shoals and quicksands which threaten disaster and shipwreck.

How often the physician hesitates, embarrassed and perplexed, before the difficult problems of practice! And if one whose locks are whitened in long-continued study, and whose wisdom has been strengthened by experience and observation, often finds need of light to guide him in a difficult case, what must be the fate of the youth who enters upon the practice of medicine slothfully neglecting the means of fortifying himself against perplexities which often arise at the bedside of the sick, when action is called for, necessity urgent, and immense responsibility weighs upon the conscience!

The art of observing is not acquired in a short time. It is the work of a whole life, and must be commenced betimes.

It is only the daily visit at the hospital, the attendance at the dispensary, in seeing, interrogating, and examining the sick, that can enrich intelligence with the power to appreciate symptoms with promptitude and exactness, and to determine their diagnostic and prognostic value; conferring that certainty in observation which constitutes the diagnostic facility, medical judgment, and skill of an observer.

Unfortunately, gentlemen, our hospital does not as yet offer a very large field for extended observations. Unfortunately, it does not serve as an index of the sanitary condition of our city. Acute diseases are rarely seen in our infirmaries. Dropsy, paralysis, chronic rheumatism, phthisis, anæmia, malarial fevers, rare cutaneous affections, lesions of the heart and great vessels; such are the maladies which for the most part present themselves for our clinical study. The most interesting practical study of the mental affections, of late occupying the most eminent scientific men of Europe, is neglected by us because we have not that indispensable accompaniment of advanced civilization, a hospital for the insane, organized and conducted on those hygienic principles which modern science indicates and prescribes.

The *Casa de Misericordia*, still under heavy embarrassments, deserves less censure than praise for the little that has been done for the unfortunate insane. The good motives which have prompted its distinguished and praiseworthy corporation, since attention has been turned to the subject, merit the aid of government, on whom rests the imperative duty of watching over the unfortunate who are deprived of intelligence and reason.

Practical medicine amongst us seems now to be struggling out of the inertia, in which it lay petrified, to join the progressive movement of the age. A medical press in Bahia is no longer a chimera, but a tangible reality. We have a bimensual publication, the *Gazeta Medica*,

where already are recorded interesting clinical facts, observed by our distinguished colleagues; facts which, thus circulating throughout the world, instead of sleeping the sleep of oblivion, transmit to other provinces of our Empire, to Europe, to North America, &c., an honorable and encouraging indication of what the medical faculty of Bahia, proclaiming its own self-existence, promises to add to the precious materials which day by day augment the invaluable aggregate of practical medicine.

And you, gentlemen, who form the coming medical generation, soon to take our places, and on whom will fall the glorious task of consolidating the grand enterprise we to-day hardly begin upon; you, who are neither wanting in intelligence nor intrepidity, do not for a moment forget that when pupilage is over you will enter society, which, confiding in your reception among the priesthood of science, will trust to your care that which it most values, the health, life, and honor of individuals and of the family; society, an austere and inexorable judge, which will condemn you to obscurity or moral death if you have belied your mission, but which will proclaim you angels of salvation, enrolling your names on the catalogue of illustrious men who deserve well of humanity, if, as I hope, you show yourselves worthy and devoted sons of our science, rendered so sublime by self-abnegation and sacrifice.

Listen to the promptings of conscience, and your choice cannot be doubtful.

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 529, vol. lxxvi.]

Impetigo of the Face.

On the face, as well as in the scalp, the eruption presents various degrees of severity, being in some cases so mild as to require but temporary medical treatment, while in others it passes to an opposite extreme, and becomes chronic and troublesome for several months. It rarely attacks a child before the tenth or twelfth month, or even a little later. If neglected, it is apt to spread over quite a portion of the face; and the cheeks, the forehead, nose and chin are sometimes buried in a mass of incrustation, and the poor child is a piteous object to behold. Under these circumstances, the malady bears a strong resemblance to a case of confluent smallpox. The child suffers considerably at times from pruritus, the nails are applied to various points, and thus lacerations are produced and the disease thereby aggravated, as in eczema.

In mild cases the eruption commences on a small disc, and if it remains circumscribed for some time, the incrustation gradually increases in thickness and presents a rough, uneven and dark-brown surface, which projects from the base not unlike a crust of rupia.

Sometimes the disease is located about the commissures of the lips, and gives rise to small persistent sores; at other times it is seen occupying the *alæ nasi*, where it forms quite large deposits of crustaceous matter, which partially closes up the apertures and materially interferes with respiration, and the child is forced to breathe with its mouth wide open. The morbid action extends gradually to the cheeks on either side, and also upon the upper lip, which becomes much swollen, and there is great distortion of the features, giving to the countenance a most repulsive appearance. Occasionally it commences in the eyebrows, both of which are generally affected, and when situated in the latter region it may spread upon the forehead or eyelids and produce ophthalmia or a loss of the eyelashes. In nearly all cases as seen in young children, the head and face are the only regions attacked; we will therefore now pass to the consideration of the complaint as it is developed in the adult.

In persons of adult age impetigo very seldom appears on the scalp, but when it does, the matting of the hair renders it a more troublesome affection than when it occurs in young children. In the former class of subjects the inflammation is apt to be more acute and profound than in the latter; the incrustations also acquire greater thickness and occupy a more extensive portion of integument, sometimes covering the entire scalp. The constitutional symptoms are usually very light or entirely absent; and after the pustules have come to maturity and poured out their contents, the local symptoms gradually subside into a milder form. As the disease begins to decline, the incrustations cease to be formed or become thinner as each successive crop is produced; the redness, tumefaction, heat and pruritus gradually disappear, although the skin remains of a vivid red, and is tender for several weeks, and liable to be attacked by a fresh outbreak of the eruption. In some instances, the local applications that are injudiciously employed not only occasion a continuance of the malady, but greatly augment its severity and increase the difficulties in the way of cure. The topical use of arsenical and mercurial preparations of a too stimulating nature has been known to produce very serious injury, especially where the face has been the seat of the disease. Two instances of the kind have come within our knowledge. In the one, arsenic, in the other, corrosive sublimate was employed, and in both the deeper tissues of the skin were at once involved in a high degree of irritation and inflammation. Thickening and infiltration of the integument and subjacent cellular membrane took place to an alarming extent, together with enormous swelling of the neighboring lymphatic glands, and several months elapsed before the mischief thus induced could be repaired. Both patients were young men, and the eruption was on the face and neck, reaching from ear to ear.

In men, the face is the part most frequently affected. The eruption generally commences with a few pustules crowded together

about the upper lip, the chin, or in front of the ears. These pustules occasion a slight itching sensation, but no other inconvenience. The patient pricks them, and they dry up without receiving or seemingly requiring further attention. But the portion of skin upon which they are developed remains red, hardened, thick and itchy; and quite soon a large crop of pustules appears, with an increase of the local disturbance. There are now considerable heat, smarting and burning sensations, which are felt over quite an area, and the morbid action spreads rapidly in all directions. Under these circumstances, the individual, instead of applying to a regular physician for advice, is quite as likely to procure some patented article from an irresponsible source and apply it to the face, which is thereby, in all probability, made very much worse. Such is the early history of very many cases of impetigo, which has, we think, got a bad name for obstinacy because it has so often been badly treated in its earliest days of development. In some cases, where no local applications are resorted to and the eruption is left to itself, the inflammation gradually subsides, and the affection passes into a chronic state and remains somewhat stationary for many weeks, when, provoked by some slight cause, it seems to acquire new life, and the morbid action is greater than ever. Several red patches, studded with pustules, spring up almost simultaneously and soon coalesce; and in this way it is not long before the eruption spreads over quite a large space. This process being repeated from time to time, nearly the whole of the face is at length covered by a succession of these characteristic pustules and the variegated incrustations to which they give rise. The latter present different shades of coloration and different degrees of thickness, according to their age and according to the amount of inflammatory action at the several points of attack. Some are very thick, dry, nearly amber-colored and friable; some are of less thickness, pasty, tinged with bloody serum, and very dark; while others are of a yellowish or greenish hue; and still others are met with that are perfectly white and conical in their shape. These latter are compared by Alibert to stalactites, and are usually seen on the eyelids, borders of the eyebrows, nose, &c. When the eruption has continued for a long period, all these different shades of color may be seen at the same time, and the diseased surface bears no little resemblance to a piece of mosaic work.

As the eruption advances towards a radical cure, these incrustations become gradually thinner and of lighter color, and correspond very much in appearance and structure to the laminated crusts of chronic eczema. They no longer adhere to the derma, but are shed, as numberless flakes or micaceous scales, and at this stage are entirely without moisture. Finally they cease to be reproduced, and a faintly red surface alone remains to indicate the former site of the malady. In some cases, when the inflammatory action is very intense, it culminates in the formation of several hard hypertrophous

ridges of the skin, an inch or two in length and raised two or three lines above the surrounding integument. These resemble the cicatrices of a deep burn, or the thickening of the skin produced by the blending of the tubercles of *Kelis cylindracea*. These ridges often remain for some weeks. They rarely exhibit any tendency to ulceration, but are carried away by absorption. A case of this kind is now under our care.

Impetigo sometimes confines itself entirely to the upper lip and the mucous lining of the anterior nares. The scab is dense and adherent, making the individual look as if he wore a moustache. In other instances the lower lip is the only spot invaded by the malady, and here it remains for years unless properly treated. When the lips are the parts affected, the purulent discharge is very trifling in amount, but the patient experiences particular discomfort from the constant recurrence of deep transverse cracks which are liable to bleed whenever he laughs or eats; and at times the parts are covered with numerous filiform shreds of dry epithelium which prick the tongue, and the patient is continually tempted to pull them off. This variety of the eruption is commonly seen on young persons.

The legs and the thighs are often invaded with the disease under consideration. The form which is especially apt to attack these parts is termed *impetigo scabida*; a name first given by Willan. The pustules commence at some distance apart, and usually on the outer aspect of the limb. They burst in two or three days, shed their contents upon the surface, where they harden into thick yellowish brown incrustations which are continually moistened by the discharge that is poured out from beneath. In a little time, the exudate begins to diminish, and the scabs acquire more solidity and seem to be nearly ready to be detached from the derma; when, in all likelihood, a new crop of pustules appears here and there, the malady extends, and in time nearly the whole limb is encased in the thick, rough incrustations, which are cracked in numerous places and which give to the limb the appearance of the bark of a tree—hence the epithet *scabida*. The pruritus is very severe. Sometimes the eruption extends down to the ankle and along the foot, where the scabs are of immense thickness, wrinkled or fissured, and nearly black. There is infiltration of the subcutaneous structure, and the disease sometimes extends even to the nails, which are broken and loosened from their attachment, and the lunula is destroyed. Relapses are apt to recur, and the malady passes into a chronic state unless great care is taken to prevent it. We once saw a very extraordinary case of this kind produced by the injudicious employment of a strong ointment of the iodide of potassium for the cure of scabies on a young man. Nearly the entire surface of both thighs was encased in thick, dark colored incrustations.

Individuals are occasionally visited with repeated attacks of impetigo, in immediate succession, sometimes by a continuance of the

original cause of the eruption, at other times in consequence of the use of remedies not well suited to the morbid condition of the affected parts. Again, in some instances the complaint returns periodically in the spring or autumn for several years in succession. All parts of the body and limbs are subject to the disease. The upper extremities, however, are usually exempt, unless the eruption has a syphilitic origin. In such cases, it is quite common to see large crops of pustules and thick, black incrustations nearly surrounding the elbow joint and the integument in its vicinity; and the disease under these circumstances always assumes a chronic form. The integument does not become very deeply infiltrated or thickened, but is more or less excoriated, yields a viscous, semi-purulent, or sanguineo-purulent secretion, which dries up into incrustations, and these incrustations often form a thick investment upon the part affected. Other concomitant circumstances and symptoms will sufficiently aid the judgment in arriving at a correct diagnosis in regard to this particular variety of impetigo. We mean the history of the case.

Hardy and Fox, both able writers, speak of a variety of the eruption which they term *impetigo acniforme*, characterized by the development in the beard of a number of little vesico-pustules, which are isolated, rounded, of transient duration, without any indurated base, and about the size of a pin's head. One may see eight, ten, or twelve appear at the same time on the lower part of the face, but always discreet and isolated. They last from three to five days, when they break and are replaced by crusts. There may be a succession of vesico-pustules and crusts, which prolong the disease for months and years. This variety of the disease is peculiarly difficult to cure. There is no induration of the cellular tissue, no parasite, no loss of hairs. To us it seems that the eruption is nearly identical with what is denominated by other writers, *eczema impetiginodes*.

The distinctive characters of impetigo in all its varieties are, small psudracious pustules, not at all, or only in the slightest degree, elevated above the surrounding skin; viscous, purulent secretion more or less abundant, and thick, yellowish-green, brown, greyish, honey-like or semi-transparent incrustations.

Eczema impetiginodes is a mixed form of eruption, in the commencement of which there is, as a general rule, vesiculation which is to be regarded as constituting the ordinary elementary type of the disease, although the discharge at a late day in the progress of the eruption becomes like that of impetigo.

If the chin is the affected locality, the disease may be confounded with sycosis. But in the latter, the pustules are larger and on a hard indurated base and are phlyzacious and discreet; the secretion is scanty, and in certain stages of the affection the presence of parasitic formations can frequently be detected under the microscope. The crusts in sycosis are not renewed when they are cast off; whereas the contrary is the fact in impetigo. As sycosis becomes chronic

it generally exhibits little bald patches, from which the hair has dropped out; it usually affects the chin only and rarely occupies the sides of the face. In these particulars it differs from impetigo.

Impetigo is sometimes mistaken for scabies. It is true that as regards the choice of locality the two eruptions often resemble each other, in being situated usually upon the back of the hands, the fingers, about the elbows and the inner and front part of the thighs. In impetigo the eruption shows a disposition to heal in the centre, while the periphery of the diseased patch remains unchanged; scabies betrays no such tendency, and if it is situated on the hands we can generally discover two or three suspicious pustules near the wrist or along its inner border. These pustules like all others of scabies are more hemispherical, distinct and elevated than those of impetigo. If scabies is situated on the thigh, it simulates impetigo more nearly than it does elsewhere; but even here there need not be any doubt to a careful observer. If the disease is really scabies, the itching is more intense and urgent when the limb is exposed to the air or warmth, than is the case with impetigo. Besides, the eruption of scabies spreads with greater rapidity than impetigo. Moreover, the two eruptions have a very distinct and dissimilar history, which, if investigated, will sufficiently proclaim their individuality. We need not dwell here upon the presence of the acarus in the one and its absence in the other.

Impetigo is in most cases produced by constitutional causes. Among the young, it prevails chiefly in children that are poorly fed, poorly clothed, and live in badly ventilated and dirty apartments. In persons who are predisposed to cutaneous affections, very slight irritants will evoke the eruption. It is frequently developed on the face, hands and other portions of the skin in workers in iron, brass, silver, copper, &c. Taxidermists also, who make use of large quantities of arsenic in their occupation, occasionally suffer from this eruption on the hands, face and neck, and we have seen several instances of the eruption on the hands and fingers of individuals occupied in the manufacture of a certain modern style of bank notes familiarly known as "greenbacks." These greenbacks contain arsenic in their composition.

The prognosis is favorable. If the disease is treated judiciously it can generally be brought to an end without difficulty in a few weeks; but in very many instances the physician finds it impracticable to call into exercise all those hygienic aids and therapeutic measures which the case demands, and then it is apt to become chronic, tedious and extremely difficult to manage satisfactorily.

[To be concluded.]

THE Mott Memorial Free Medical Library, New York, is open for the benefit of medical men, lawyers, and students. It now contains over 3000 volumes.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL
IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

JUNE 10th.—*Imperforate Rectum*.—Dr. CABOT showed the specimen, which came from a mulatto child, which lived five days. No operation was attempted, as no intestine could be felt by the vagina, and it was decided not to do anything. The mother had previously lost a child two weeks old, which had passed nothing from its bowels during its life.

Drs. STORER and JACKSON said such cases occurred not infrequently in more than one child in the same family.

The specimen had been dried and mounted by Dr. C. B. PORTER, who furnished the following account of the *post-mortem* appearances:—

“Abdomen large and tense. Anus small, terminating in a cul-de-sac about three fourths of an inch long. Passing a director into the bladder, and the ring-finger into the vagina, the director could be felt separated from the finger only by the vesico-vaginal wall. At the tip of the finger and a little to the right of the median line, could be felt through the abdominal parietes a small, hard tumor, about the size of a small almond, evidently the uterus, the bladder having been evacuated through the groove of the director.

On opening the abdomen and viewing the viscera *in situ*, the bladder was normal in size and position, but the uterus was crowded to the right by the rectum, which was very much distended by flatus, as were all of the intestines. The rectum seemed to fill nearly the entire pelvic cavity, and was attached to all of the surrounding parts. On making an opening into the intestine just above the brim of the pelvis and passing a director downwards into the rectum, it was easily felt by the finger through the posterior wall of the vagina, and introducing a blow-pipe into the anus, the two instruments were felt in apposition with each other, separated only by the thin walls of the rectal and anal *cul-de-sac*.

There was very little meconium, the bowel being distended principally by flatus.

All the other viscera were well formed and in their proper positions, excepting the uterus, pushed to the right by the distended rectum.

The impossibility of detecting the rectal *cul-de-sac* by the finger in the vagina seemed to be owing to the bowel being distended principally by flatus, and being so easily compressed.”

JUNE 24th.—*Case of Addison's Disease*.—Dr. MINOT showed the specimen.

The patient, a married woman, 40 years old, entered the Massachusetts General Hospital June 4th. She had always suffered from debility and palpitation, and occasionally from dyspepsia. Catamenia always regular, but scanty and painful. Three months ago the complexion began to grow brown, the face and hands changing color first, and then her body. There was no yellowness of the conjunctivæ. At the same time she became excessively weak, the prostration continuing to increase till her death. Three weeks ago she had nausea and vomiting, which also continued, but there was no diarrhœa. The

face, neck, chest, abdomen and upper extremities were of a dark tint, contrasting strikingly with the legs and feet. The radial borders of the forearms, backs of hands, back of neck and shoulders, clavicular regions, axillæ, areolæ (she had never borne children), cheeks and forehead were much darker than the other parts. The most striking appearances were on each side of the neck, about the clavicles and on the front of the chest, which looked exactly as if they had been sprinkled with some dirty fluid. Front aspect of the neck and ears quite white. Groins hardly discolored. A slight patch below right knee. The patient was extremely prostrated, and had been in bed two weeks. She was unable to stand. Pulse 96, and extremely weak, at times hardly perceptible. The action of the heart was exceedingly feeble. Tongue clean. She complained chiefly of pain in the left side of the chest and epigastrium, and of inability to sleep. No change occurred in the symptoms, and early on the morning of the fourth day after her entrance, the house-pupil, who was called to her, found her dying. She died quietly at about 6 o'clock, A.M.

The brownish discoloration of the skin was somewhat less striking after death than before. At the autopsy, the only disease was found in the supra-renal capsules. The right was larger and more solid to the feel than usual. It was an inch and a half long and three fourths of an inch wide. On section, the whole organ presented an appearance like that of cheese, of a brownish-yellow color. The left capsule contained in its centre a nodule, about the size of a dried pea, of a similar character to the deposit in the right capsule, but of a somewhat lighter color.

Bibliographical Notices.

The Medical Use of Electricity, with special reference to General Electrization as a Tonic in Neuralgia, Rheumatism, Dyspepsia, Chorea, Paralysis, and other Affections associated with General Debility, with illustrative Cases. By GEORGE M. BEARD, M.D., and A. D. ROCKWELL, M.D. New York: Wm. Wood & Co. 1867. 12mo., pp. 65.

We are pleased to see that electricity as a therapeutical agent is beginning to receive something of the attention which its great power entitles it to. Recently, two wards in the Vienna Hospital have been set apart for electro-therapeutical treatment. Heretofore the special application of electricity has been for the most part in the hands of charlatans, who oftentimes, accidentally as it were, wrought wonderful cures. The profession, while acknowledging it a powerful agent, have neither sufficiently investigated its nature, nor devoted that time and attention to its application which are necessary for success in its use. Indeed, it can hardly be expected that physicians in general practice can give it that attention which it demands. It was for this reason that the authors of the little book before us, encouraged by many of the leading physicians of New York, decided to devote themselves especially to the application of electricity and the careful study of its effects. This book, the first fruits of their labors, is a collection of articles originally published in the *New York Medical Record*.

After a brief explanation of terms and a passing notice of early investigations, they proceed to the practical uses of electricity, referring to the different currents, the proper method of application, the causes of failure, &c., and afterwards give their experience in the treatment of various affections. Under the head "What may be regarded as established in Electro-therapeutics," they state among other conclusions, that "galvanism and faradisation are both of such positive value in paralytic, rheumatic and neuralgic affections that we are hardly justified in employing one to the exclusion of the other."

"The ascending faradaic current is especially indicated in local paralysis, ankylosis and plastic effusions.

"The descending faradaic current thoroughly applied with the negative pole at the feet, is a tonic and corrective of far greater efficiency than any internal remedy known to science.

"Although paralysis is usually more benefited by electricity than by any system of internal medication, it is yet among the least tractable of the various diseases that present themselves for this method of treatment.

"The diseases which are found to yield most readily and surely to general electrization are neuralgia, dyspepsia, rheumatism of the subacute and chronic varieties, chronic bronchitis, constipation, amenorrhœa, anæmia, hysteria and general debility.

"The electric streams are of great value in the diagnosis of disease, inasmuch as any deviation of any part from its normal sensitiveness to their influence is readily indicated. In this way we may learn where the disease is located, although we may not be able to determine its precise nature."

We would call particular attention to the list of diseases declared to be amenable to this method of treatment. We have no doubt many will raise their eyes from this paragraph with a smile. The fact is, medical men have become altogether too skeptical with regard to the effects of remedies. The science of therapeutics is too much neglected. Nature is given more than her share of the work of cure. It is well known among the profession that while the greatest advances have been made in diagnosis in the past twenty-five years, there has been little progress in what may be called active treatment. We have learned properly to let certain diseases alone, but in consequence we have fallen into the habit of letting many alone, which, on the contrary, should have most decided treatment. As was remarked a short time since by a contemporary, almost the only remedies we hear recommended now are "quinine, iron and whiskey." It is due to our patients that this, to them at least very important branch of medical science, should not be so outrageously neglected, and we hope that the profession before passing judgment upon electricity as a therapeutic agent, will try it as thoroughly and faithfully as we know these gentlemen have done, and that this book will "induce others to enter upon the scientific study of general electrization."

We shall look forward with interest for the results of further experience at the authors' hands.

K.

On Railway and other Injuries of the Nervous System. By JOHN ERIC ERICHSEN, F.R.C.S., &c. &c. Philadelphia: Henry C. Lea. 1867.

THIS is a most instructive and interesting monograph upon a class of affections which come under the cognizance of the family physi-

cian, as well as the consulting surgeon. The lesions treated of are mostly the result of railroad accidents, but sometimes occur from carriage-accidents, falls, or other violent concussions.

The book consists of six lectures. Lecture first is introductory; the second treats of effects of severe blows on the spine; the third is on concussion of the spine from slight injury; the fourth on concussion of the spine from general shock—twists and wrenches of the spine; the fifth sets forth the symptoms and pathology of concussion of the spine; the sixth the diagnosis, prognosis and treatment.

Thirtyfourth Annual Report of the Trustees and Superintendent of the State Lunatic Hospital at Worcester, Mass. October, 1866.

To meet the ever pressing demands for improvements which medical and sanitary science suggested, the Trustees, in years past, have found it necessary to make such repairs and permanent alterations in the halls, heating apparatus, and means of ventilation of the buildings of this hospital, as to incur a debt of fifteen or twenty thousand dollars. This debt has been carried from year to year by loans since 1855, with the hope that it might be paid from the surplus income of the institution. This hope has not been realized; and the Trustees, seeing no prospect of better times, financially, for years to come, asked the Legislature last year for an appropriation of fifteen thousand dollars, "to relieve them of the debt, and to place the hospital in a condition to dispense its beneficence to the largest number possible, consistent with proper care for the health, comfort and safety of its patients." The petition was not acted upon by the Legislature.

During the past year leave of absence was granted to the Superintendent, Dr. Merrick Bemis, for four months, and the charge of the hospital committed to the assistant physician, Dr. Joseph Draper, aided by Dr. John R. Lee, formerly assistant to the late Dr. Woodward. The affairs of the institution have been conducted to the entire satisfaction of the Trustees.

From the report of the Superintendent, we learn that the number of patients in the hospital Oct. 1, 1865, was 341—169 males and 172 females. There were admitted during the year, 289—163 males and 126 females. There were discharged, recovered, 89—42 males and 47 females; improved, 95—58 males and 37 females; not improved, 25—15 males and 10 females; died, 40—27 males and 13 females, leaving in the hospital Sept. 30, 1866, 381—190 males and 191 females.

The cause of death in thirteen was ascribed to diseases of the cerebro-spinal system—as paralysis, or epilepsy and apoplexy; in nine, to diseases affecting the circulation and respiration; in eight, to those diseases affecting the organs of assimilation; in two, to old age; and in eight, to influences which insanity directly exercised over their bodily health, terminating in exhaustion, with little if any secondary disease.

Since the opening of the hospital, in January, 1833, 7614 patients have been admitted, including re-admissions of course, the number of which is not stated. Of these, 3567 recovered; 1419 improved in health of body and mind, very many of whom have passed a long period of time in great comfort, and as useful members of society. The hospital has also been the means of giving a tolerable degree of health to many who did not fully recover, besides affording security, peace

and comfort to a large and troubled household. "It has taken," the Doctor says, "from families and friends, from poor-houses and prisons, from the streets and by-ways, the sick and sorrowing, the violent and dangerous, the suicidal and homicidal, and has given back to society, in full possession of mental and physical health, more than fifty per cent. of all it received; relieving, though not curing, eighteen per cent more of the whole number committed to its care." And all this has been accomplished at a cost of not more than 175,000 dollars for State buildings, fixtures and land, and at an average of not more than one half year's support for each individual so returned.

With regard to the medical and moral treatment of patients, it is stated that occasional cathartics, tonics and a moderate supply of stimulants constitute the bulk of the *materia medica* for the former, and the latter consists of occupation, recreation, education and amusement.

Concerning the influence of disordered functions of the body on the mind, the Doctor remarks as follows:—"Humiliating it is, and must be, to admit the frailty of man to such a degree that a slightly over-taxed stomach or a torpid condition of the bowels will cloud all his worldly prospects, render him dissatisfied with life and all its blessings, make him suspicious of his friends and jealous of his own household: but it cannot be denied; and the cure of that disordered state of the imagination, so often observed in this class of our patients, and their restoration to the best state of manhood, may often be brought about by the means directed to relieve the diseased state of the stomach and bowels, particularly if coupled with cheerful out-of-door exercise and pleasant companionship."

The employment of the patients has received considerable attention, and no kind of labor is found more beneficial to the male patients, in a majority of cases, or more useful to the hospital, than the cultivation of the farm and the care of the farm stock. The out-door exercise, the apparent freedom, the interest in the various operations, and the care of the animals, aid very much in restoring their minds to a normal condition. The female patients are sufficiently employed in the various household duties.

A plan has been previously suggested by Dr. Bemis, and repeated in this report, by which the buildings of the hospital can be removed, in portions, to a more favorable situation, and a new hospital erected from the materials, according to the most approved method of construction of the present day, and to sell the land of the present site, which is very valuable for other purposes. It is thought the change could be made with the funds so raised without much if any additional expense. It is also suggested to build a few plain cottages near by, capable of accommodating a family of eight or ten quiet patients; and also two or three houses of more style and pretension for a class of persons found in every hospital, where they could enjoy more liberty and privileges, and be under the care of experienced attendants, who would be induced to make the care of the insane a life business.

A further explanation of this subject, with new and improved plans for the care, custody and treatment of the insane of all classes, is promised.

C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, AUGUST 15, 1867.

REPORT OF THE SURGEON-GENERAL ON EPIDEMIC CHOLERA IN THE UNITED STATES ARMY DURING 1866.

THIS document is a valuable contribution to the current history of the recent epidemic, and adds much weight to the constantly accumulating evidence in favor of the theories of the portability and communicability of the disease, and the great efficacy of hygienic measures and disinfecting agents in checking its indefinite extension. Military organizations, being composed of compact masses of men, under strict rule and surveillance, offer an especially favorable opportunity for the study of any epidemic; and the results of a systematic observation in such cases by a class of medical officers most competent for the duty, cannot fail to be worthy of the greatest respect. The compactness of such masses, depriving them of the advantage which civil communities enjoy of flying from the danger on its first approach, renders its assaults all the more serious; and when we take into account also the proverbial recklessness of habit of soldiers, we are not surprised to find that cholera when it appears among them is apt to number many victims.

Such we find to have been the case in the United States Army during the last six months of 1866; but, prepared as we were, by daily rumor, for a large bill of mortality from so fatal an epidemic, we must confess we hardly looked for so grave a statement as the statistics before us afford. In the words of the report, "Although the total number of cases is not very great, yet they bear so large a proportion to the number of troops exposed to the disease, and the circumstances attending the transmission of the epidemic from post to post are, in most instances, so well known, and of such significance in connection with the question of quarantine, that the history here presented appears well worthy of the attention of all interested in problems of public hygiene."

From the tables appended to the report, we learn "that out of a total mean strength of 12,780 men, there were 2,708 cases of cholera reported, and 1,207 deaths. Of these, there were 1,749 cases and 706 deaths out of a mean strength of 9,083 white troops; and 959 cases and 501 deaths out of a mean strength of 3,697 colored troops. The three summary tables show the prevalence of sickness and mortality among the troops exposed to the epidemic, expressed in the ratio of cases and deaths per 1,000 of mean strength, for cholera, diarrhæal diseases, and all other diseases, for each month, and for the six months. From these tables it will be seen that for the white troops, the number of cases of cholera reported during the six months was 192·6, with 77·7 deaths per 1,000 of strength. Of diarrhæal diseases there were 741·8 cases, and 7·5 deaths per 1,000; of all other diseases, 1328· cases, and 15·5 deaths per 1,000. For the colored troops the number of cases of cholera reported was 259·4, with 135·5 deaths per 1,000 of strength. Of diarrhæal diseases 574·5 cases, and 3·5 deaths per

1,000; of all other diseases, 833.9 cases, and 11.4 deaths per 1,000. The ratio of deaths to cases was as follows:—For cholera, 403.7 deaths per 1,000 cases, or one death to 2.5 cases among white troops; among colored troops, 522.4 deaths per 1,000 cases, or one death to 1.9 cases; so that somewhat less than half the white, and somewhat more than half the colored soldiers attacked with cholera died. For diarrhœal diseases the mortality was small, 10.1 deaths per 1,000 cases for white, and 6.1 per 1,000 for colored troops. For all other diseases the mortality was 11.7 per 1,000 cases for white, and 13.6 per 1,000 for colored troops."

The disease radiated from two principal centres—from Governor's Island, in New York Harbor, and from Newport Barracks, Kentucky. The first reported case occurred July 3d, on Governor's Island, in the person of a recruit who had been but three days at the post. He was from a recruiting rendezvous at Minneapolis, Minnesota, and nothing positive is known of his previous history or exposure; cholera was, however, prevailing in New York at the time. The disease was carried by recruits from Governor's Island to Hart's Island, where the epidemic was very severe. One case occurred at Fort Schuyler, in New York Harbor, in the person of a lieutenant who had slept on board the steamboat used the day before in transporting infected troops from Hart's to David's Island. The disease was carried by the troops to the southern coast. The steamship *San Salvador*, with 140 persons on board, "touched at Governor's Island and took on board 476 recruits for the seventh United States Infantry. The men lodged between decks, and were greatly over-crowded. On the second day out cholera appeared among the recruits, and when the vessel arrived at quarantine, near Savannah, Geo., three deaths had occurred, and there were 25 ill of the disease. The troops were landed on Tybee Island and a hospital extemporized. Cholera continued to prevail on the island during July and the first few days of August. Altogether there were 202 cases and 116 deaths, including 18 deserters, reported as having died in the woods of Tybee Island, and one who escaped from the island and died in the Whitemarsh Quarantine Hospital. The cabin passengers and crew of the *San Salvador* appear to have escaped, *but of the ten white citizens residing on Tybee Island, nine were seized with cholera shortly after the arrival of the infected ship and five died.* The tenth fled from the island, and is reported to have died of cholera somewhere in the interior of Georgia. No cases of cholera occurred among the troops stationed in Savannah." [The italics in the above are ours.—Ed.]

Want of space prevents our following this terrible epidemic from place to place, transported by the troops. The Surgeon-General's report shows that the infection spread by readily traceable steps subsequently "to Louisiana, by way of New Orleans; to Texas, by way of Galveston; to Louisville, Ky.; to Richmond, Va., and to La Virgin, Nicaragua Bay. From Richmond it was carried to Norfolk, Va.; from Louisville to Bowling Green, Ky. The probabilities appear to be that the disease was carried from New Orleans up the Mississippi river to various points on that stream, and west of it, and though the whole chain of evidence is not complete, yet there are a sufficient number of known cases of the transfer of the epidemic from one post to another in this region to put this view of the whole movement beyond reasonable doubt."

The disease was introduced into Newport Barracks, Ky., from the infected city of Cincinnati, on the opposite side of the Ohio River; and the report adds,

"it is in evidence that it was carried thence to Augusta and Atlanta, Geo., to Nashville and Memphis, Tenn."

Unfortunately, no new light is afforded as to the efficacy of therapeutic agents by the report before us. At the same time it gives convincing evidence of the great importance and power of hygienic precautions in keeping this disease at bay. Thus, at Fort Delaware not a single case occurred in the garrison, although the disease was in its neighborhood for weeks, in its course completely encircling that post; a result justly attributed, we think, in the report, to the stringent hygienic precautions adopted by the post Surgeon, Dr. E. McClellan, U.S.A., who says in his statement in the Appendix, "I am very strongly of the opinion that, had not this island and the fortifications been placed in the very highest sanitary condition, and had not the most rigid quarantine been established, this command would in all probability have suffered severely from epidemic cholera during the past season. In this opinion I am joined by the line officers of the command who were on duty at the post prior to December, 1865."

The influence of the drinking water upon the prevalence of the disease was forcibly illustrated at various places, as it has been repeatedly in Europe. Among the troops in the vicinity of New Orleans it was found impossible to put a check upon it until the men were forcibly restrained from drinking the river water and compelled to use distilled or rain water instead, which was immediately followed by a marked diminution of the disease.

The Appendix of the report is made up of a number of statistical tables and extracts from the different reports of local commanders to the Surgeon-General, and contains a great deal of very interesting and valuable matter. We would particularly commend the concluding report, by Assistant Surgeon B. F. Craig, numbered XXIV., on Disinfectants and their Use in connection with Cholera, to the notice of those who, because they cannot hold up a contagious or infectious principle in a definite form before the eye, persistently ignore the demonstrations of modern chemistry in this important department of science, and still look upon the whole class of antiseptics and disinfectants as merely deodorizers. It contains very valuable directions for purification and disinfection in all cases where they are needed.

We cannot conclude our notice better than in the words of the report itself, which says:—"On the whole, it must be admitted that the general tenor of army experience, during 1866, is strongly in favor of quarantine, and especially points to the danger to the army incurred by the distribution of recruits or other bodies of men from infected points." And we see no reason for doubting that the same reasoning holds good for the whole community as well. The report, which is issued from the Surgeon-General's office, was drawn up by Brevet Lieut.-Col. J. J. Woodward, Assistant Surgeon U.S.A., and is worthy of the high scientific reputation of the author.

The Venereal Department of the Boston Dispensary.—In our last week's issue we briefly announced the organization of this department. In a city so well provided with charitable institutions as ours, it is somewhat remarkable that the urgent public want which it meets has been so tardily provided for. We no longer live in an age when the victims to this class of diseases can be turned aside and left to suffer as justly punished; but the time has come when their health must be regarded as an important item of political economy and hygiene.

In the language of a recent report accepted by the *Société Impériale de Médecine* of Lyons, "it is by millions of days' work that we must estimate the loss caused by these diseases to productive labor," and "in addition to the suffering which the innocent undergo through their relations with the guilty," says the same report, "syphilis, by corrupting the source of life, injures the whole human family; not only diminishing the increase of population by the sterility of its victims, but slowly and insidiously undermining the vigor of the race."

With our present prejudices we can hardly expect a full provision for this great evil, but the present step may be a pioneer in the right direction; and we think the managers of the Boston Dispensary have acted wisely and liberally in yielding to the expressed opinion of many of our leading physicians and surgeons. The venereal department is at the Central Office of the Dispensary, corner of Bennett and Ash Sts., and is in charge of Drs. W. F. Munroe, Physician to the 3d District, and F. B. Greenough. Men are received on Mondays and Thursdays, from 4 to 5, P.M.; women on Tuesdays and Fridays, from 4 to 5, P.M.

Death of M. Follin.—France has recently lost another of its leading medical men by the death of M. Follin, which took place on the 21st of May last, at the early age of 44. From the commencement of his career he gave promise of the highest eminence. In 1848 he received the gold medal which is annually given to the best pupil in the Paris hospitals. Soon after graduation, he received the appointment of Surgeon in the Paris hospitals and Assistant Professor in the Faculty of Medicine. For several years he had been one of the Editors of the *Archives de Médecine*, which stands in the front rank of French medical journals. He had been President of the Chirurgical Society in Paris, and recently published the first volume of a System of Surgery. He was a man of immense industry as well as ability, and a list of his numerous contributions to medical science covers six or eight pages of the *Archives*. His practice had become very extensive, but he was still a devoted student of science. He was generally regarded as destined to stand at the head of the department of surgery in France. He died of enlargement of the heart of a few months' duration; his death is universally deplored in Paris.

American Re-print of Anatomical Plates from the French of Bourgery and Jacob.—Messrs. Kellogg & Bulkley, of Hartford, Conn., have re-published twenty of these splendid anatomical plates, representing the full length human figure, half the size of life. We have not seen specimens of these plates, but if they compare at all favorably with the originals, as they are said to do, we know of none which we can commend so heartily to the attention of practitioners and students; the originals are unrivalled in the accuracy of their delineation and the beauty of their coloring.

We learn from the *St. Louis Medical Reporter* that the health of St. Louis continues to be good, no case of cholera having occurred during the present season. The restriction put upon the sale of *unripe* fruit and vegetables in that city meets with the approbation of all but interested dealers. As we understand it, the sale of vegetables and fruit in a condition suitable for food is not restricted.

Treatment of Venomous Bites.—Dr. James T. Newman reports, in the *Chicago Medical Journal*, three cases of rattlesnake bite, in one of which he administered during six hours the enormous quantity of thirty grains of morphia, one gallon of brandy, and four ounces of aqua ammoniæ. The patient had been bitten three hours when the treatment was commenced and was in great agony, enormously swollen, foaming at the mouth and convulsed. The first dose was five grains of morphia, followed in ten minutes by half a pint of brandy! Stramonium leaves were also applied as a fomentation. The remedies were continued at short intervals, with the addition of aqua ammoniæ, until the patient became quiet and fell into a gentle sleep, which lasted for some hours; he fully recovered. We should think in such a case anæsthesia by inhalation would be the most prompt and efficient remedy, aided, it might be, by the ingestion of stimulants.

WE would call the attention of our readers to the following circular, hoping that each one will consider it as addressed personally to himself, and will do all in his power to aid the Committee on Medical Literature in making a complete report for the current year.

CINCINNATI, June 5, 1867.

The undersigned were appointed at the last annual meeting of the American Medical Association, held in Cincinnati, a Committee on Medical Literature for the current year. The duties of this Committee are defined in the following regulations of the Association:—

“The Committee on Medical Literature shall prepare an annual report on the general character of the periodical medical publications of the United States with reference to the more important articles therein presented to the profession, on original medical publications, on medical compilations and compends by American writers, on medical reprints of foreign medical works; and on all such measures as may be deemed advisable for encouraging a national literature of our own.”

Being desirous of making as full a report as possible, the Committee desire that you shall forward to the Chairman a copy of all medical books, pamphlets, essays, monographs, periodicals, reports, lectures, proceedings of societies, &c., that may be issued by you, as early as convenient after publication, that they may be brought to the notice of the profession.

These favors will be advantageous to publishers, and will facilitate the objects had in view by the appointment of the Committee, and greatly oblige,

Yours, respectfully,

GEO. MENDENHALL, *Chairman.*

R. R. McILVAIN, GEO. C. BLACKMAN,

E. WILLIAMS, P. S. CONNOR.

Artificial Digestion.—Dr. W. Marcet has recently published a pamphlet on preparing food for weak stomachs, which the *London Medical Times and Gazette* speaks of in terms of high commendation. Dr. Marcet has contrived a method by which the natural process of digestion is imitated, so that food may be taken in a partially digested condition, and thus more nutriment can be managed by a weak stomach than it could otherwise dispose of.

“He took hydrochloric acid and some pepsine, added these along with water to a quantity of meat, allowing the whole to simmer over a water-bath at about the temperature of the body. When the meat was sufficiently broken up, it was strained, and the acid neutralized by carbonate of soda, when it was ascertained that the product was of a most agreeable character, easily digestible, and containing a vast deal more nourishment than common beef-tea. The proportions he recommends are, 58 grains of hydrochloric acid, sp. gr. 1.1496, in a pint (20

oz.) of water, with 15 grains of Boudault's pepsine, and 81 grains of bicarbonate of soda to a pound of meat (weighed raw), the chemicals costing about seven pence. Where pepsine is unattainable, strips of calves' stomach answer very well, or we do not see why the rennet prepared from it, and used for curdling milk, should not be employed. The food thus prepared keeps well until neutralized, but not so well afterwards. One point to be noticed is, that no metallic vessel should be used in the process, lest the acid act upon it."

Dr. Greene's Treatment of Fractured Clavicle.—MESSRS. EDITORS,—I have met with most gratifying results in the treatment of a fractured clavicle with the use of adhesive plaster, as recommended by Dr. Wm. Warren Greene. The fracture was perfectly united in three weeks, without the slightest deformity. One application was sufficient, and no further interference was necessary. In point of immobility, perfect coaptation, readiness of application and comfort to the patient, it is vastly superior to any other retentive apparatus.

Dover, N. H., August 7, 1867.

J. R. HAM, M.D.

Hospital on a new Plan at Nashville, Tenn.—The St. Paul de Vincent Society have established a first-class hospital, bearing the name of their Society and under the medical control of the Faculty of Medicine in the University of Nashville, of which Prof. W. T. Briggs is Surgeon-in-Chief, and Dr. V. S. Lindsley Resident Surgeon. It is so arranged as to offer superior accommodation to persons who visit the city in quest of surgical or medical treatment as well as for the unfortunate poor. Any physician of the city is not only at liberty, but invited to take any patient he desires to the hospital and attend him there, under the nursing of the Sisters of Charity, and as free from students and physicians of the College as if at a private house.—*Nashville Jour. of Medicine and Surgery.*

M. CLOQUET, the distinguished French surgeon and anatomist, has been created a Baron.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 10th, 1867.

DEATHS.

| | Males. | Females. | Total. |
|--|--------|----------|--------|
| Deaths during the week - - - - - | 55 | 55 | 110 |
| Ave. mortality of corresponding weeks for ten years, 1856—1866 | 61.1 | 50.6 | 111.7 |
| Average corrected to increased population - - - - - | 00 | 00 | 123.15 |
| Deaths of persons above 90 - - - - - | 0 | 0 | 0 |

CORRECTION.—We are requested to amend the following obituary notice which appeared in our issue of July 18, viz.: "Died,—at Framingham, Dr. W. Osgood, aged 49 years." The name of the deceased was Dr. John W. Osgood.

PAMPHLETS RECEIVED.—Prize Essay on Medical and Vital Statistics. By Franklin B. Hough, M.D., Lowville, N. Y.—Fifth Annual Announcement of the New York Medical College for Women.

DEATHS IN BOSTON for the week ending Saturday noon, August 10th, 110. Males, 55—Females, 55. Abscess, 1—accident, 4—disease of the bladder, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 2—cancer, 2—cholera infantum, 27—consumption, 8—convulsions, 1—cystitis, 1—debility, 2—diarrhoea, 6—dropsy of the brain, 4—drowned, 1—dysentery, 3—remittent fever, 1—scarlet fever, 6—gastritis, 1—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 3—marasmus, 4—old age, 3—paralysis, 1—peritonitis, 1—puerperal disease, 1—premature birth, 3—smallpox, 1—teething, 1—tonsillitis, 1—unknown, 7.

Under 5 years of age, 64—between 5 and 20 years, 12—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 11. Born in the United States, 85—Ireland, 20—other places, 5.